

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058080

Entity Name: SELECTIVE PROPERTY GROUP LLC

Current Principal Place of Business:

125 SEA LILY LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

125 SEA LILY LANE
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-1458470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAJALIA, JEANNETTE
125 SEA LILY LANE
PONTE VEDRA BEACH, FL 32082 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name PICKETT, LEO A
Address 128 SEA LILY LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGRM
Name PICKETT, REBA T
Address 128 SEA LILY LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGRM
Name MASHNI, COSTANDI
Address 7868 TURNSTONE CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM
Name MASHNI, LILA B
Address 7868 TURNSTONE CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM
Name AZZOUZ, ANWAR A
Address 709 FAIR OAKS LANE
City-State-Zip: JACKSONVILLE FL 32246

Title MGRM
Name AZZOUZ, JULIE
Address 709 FAIR OAKS LANE
City-State-Zip: JACKSONVILLE FL 32246

Title MANAGER
Name KOURY, GEORGE
Address 1901 N 1ST STREET
1204
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MANAGER
Name BAJALIA, JEANNETTE
Address 125 SEA LILY LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEO PICKETT

MANAGER

01/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date